

North Carolina Air National Guard

TGIF News

(The **G**uard Is **F**amily)

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The TRICARE Dental Program (TDP)

The TRICARE Dental Program (TDP) offers a wide range of diagnostic, preventive and restorative dental services and is available to members and families of the Selected Reserve (SELRES) and Individual Ready Reserve (IRR). Enrollment in the TDP is voluntary, and reserve component sponsors do not have to be activated to enroll themselves or their families in the TDP. There are, however, important differences in coverage for family members when their reserve component sponsors are activated versus when they are in a reserve status. Reserve component sponsors who are activated are covered by the same dental benefits as active duty service members. Sponsors placed on active duty orders for 31 days or more are ineligible for enrollment in the TDP. If pre-

viously enrolled in the TDP, they will be automatically disenrolled and automatically re-enrolled upon deactivation. The sponsor should confirm re-enrollment before seeking dental treatment. For family members, the main difference in TDP is the premium cost. Reserve component family members who enroll in the TDP before their sponsor is called to active duty will enjoy a cost savings when their sponsor is activated. The TDP is administered by United Concordia Companies Inc. (UCCI). For more information about the TDP, beneficiaries may access the benefit handbook online at www.ucci.com <<http://www.ucci.com>> or by calling toll free **1-800-866-8499**, **24 hours a day**.

MYPAY to offer SERVICE MEMBERS W2S in January

Military service members, military retirees and annuitants will have their account statements and tax information online due to some of the new capabilities of the Defense Finance and Accounting Service's myPay system. MyPay is the secure, online system that helps military service members, Department of Defense civilians and military retirees and annuitants take control over their pay. For detailed information on how MyPay works please contact 145th Mission Support Flight, customer service extension 4153.

Updated Guide to Reserve Family Member Benefits Available

The all new updated and revised 4th Edition of the Guide to Reserve Family Member Benefits is posted at:

<http://www.defenselink.mil/ra/documents/family/benefits.pdf>

We continue to attempt to identify resources for printed booklets of this very popular booklet. Unfortunately, no printed booklets are available at this time.

However we have been able to download a copy and have printed copies to give out to our deploying members and their families. In family readiness we are continually receiving updated information on all benefits and we strive to pass this information on to you all as soon as possible.



DOD Tests Space-Available Travel Privileges for Dependents within the CONUS

The Assistant Deputy Under Secretary of Defense (Transportation Policy) has approved a one-year test to evaluate the expansion of space-available privileges for dependents traveling within the Continental United States (CONUS). The test will allow dependents of active duty and retired Uniformed Services members to travel within the CONUS when accompanied by their sponsors. The test is scheduled to begin 1 April 2003 and will end 1 April 2004.

Dependents will assume the same category of travel as their sponsor. Space-available sign up for this program will be effective

1 April 2003. Retired members may sign up 60 days in advance but no earlier than 1 April 2003. Active duty Uniformed Services members must be in a leave or pass status to register for space-available travel, remain in a leave or pass status while awaiting travel, and be in a leave or pass status the entire period of travel.

For additional information concerning space-available travel and sign-up procedures please review the Air Mobility Command public web site at <http://amcpublish.scott.af.mil/Spacea/spacea.htm> or contact the servicing DOD air terminal of interest.



Family Readiness Briefings for Members & Families

Family Readiness Requirements, IAW AFI 10-403, Chap 1, para 1.5.13, The Family Support Center has the overall responsibility for the following functions: 1.5.13.1. Providing personnel and their families with personal family readiness briefings and assists with family difficulties that occur during deployments. NOTE: Personnel assigned to deploy may seek counsel before or after return from deployment. The FSC will be notified of all deployments/extended TDY of 30+ days. The FSC will work with the MPF and Unit Deployment Managers to ensure the FSC is included on their deployment-processing checklist.

We have just completed an up-to-date pre mobilization briefing for members and families. This include TRICARE, Dental, USERRA, etc. We have started this past Jan Drill giving the briefing to some units. **Family Readiness is required to give this briefing once a year.** Our desire is to brief the members and their families prior to any call ups, so they will have time to get answers to questions they may have before any deployments. In the next several months we will be contacting our Unit Family Readiness Teams and setting up training sessions for them. In addition, Family Readiness is available to start giving these briefings to unit members and families.

Subject: Reservists, Guardsmen Need to Know Their Medical Benefits, Colonel Says By Rudi Williams, American Forces Press Service

WASHINGTON, Jan. 30, 2003 -- One of the biggest communications problems the reserve components have is ensuring that when their members are called to active duty they know the importance of enrolling in TRICARE at their mobilization or activation stations. That's what Air Force Reserve Col. Kathleen Woody said Jan. 28 to a roomful of reservists and National Guardsmen from all the services, including the Coast Guard, during the 2003 National TRICARE Conference here. "TRICARE is a shared responsibility between the Department of Defense, the services and the service members," said Woody, director of medical readiness and programs in the Office of the Assistant Secretary of Defense for Reserve Affairs.

She said reserve component personnel should enroll in TRICARE at their mobilization or activation site because they may be deployed overseas, but their enrollment stays stateside. "It's very important that we don't get our people overseas trying to enroll in TRICARE Prime because they won't be able to do it," said Woody, a nurse and full-time reservist. "We're trying to push this issue down through the personnel side of the house, reserve components and family support organizations."

There are two aspects to reserve health care -- the personnel office that identifies the eligibility, and TRICARE, which manages the medical portion, Woody noted. Communications about both have to take place, she said. The contingency operation should be identified on members' orders because if it isn't coded correctly into the Defense Enrollment Eligibility Reporting System, the reservists won't be reflected as eligible for the Transitional Assistance Management Program when they separate from active duty, she added. Family members could be denied care if DEERS information is incorrect or incomplete. Guard and Reserve members and their families aren't always aware of their benefits, she said. "When there's a change in the member's status, there's a change in TRICARE benefits."

Woody gave the audience some points to stress when members are released from active duty after supporting a contingency operation: "Members and their families must actively enroll in TRICARE Prime during the transitional health care period," the colonel noted. "If they were enrolled during their active duty period, DEERS will automatically trigger disenrollment and the member would have to re-enroll." Woody said Reserve and National Guard members and their family members need to be educated regularly to ensure they know what their benefits are and how to obtain them. For one thing, she said, 70 percent of reserve members don't live near a military medical facility, where health care would be readily available.

"Education has to be an ongoing process and we're working with the reserve components, the members and family support offices to try to give the member information before they're mobilized, at the mobilization station, and post-mobilization," she said. "We've developed a brochure that gives a broad brush overview of what Reserve members benefits are when they're activated and what the family members benefits are," Woody noted. "TRICARE has worked aggressively to develop a reserve component TRICARE Web page that addresses issues unique to Reserve members. It also has a link to our Web site, which has a mobilization guide." Stephen E. Isaacson, a healthcare program specialist in the TRICARE Management Activity in Aurora, Colo., told the audience about changes to make health care more accessible and beneficial to families of reservists and guardsmen participating in Operations Enduring Freedom and Noble Eagle. "We waived the deductibles for TRICARE Standard and TRICARE Extra, as we'd done under Operation Joint Endeavor in Bosnia, to avoid undue financial hardships for reserve component families," Isaacson said. "We also waived the requirement for nonavailability statements for inpatient care in civilian hospitals when family members of activated reservists live outside a military treatment facility area," he said. "That was done so reservists' families who were already receiving care in the civilian market could continue to get that care and not be forced into a military treatment facility or network provider." Isaacson also said, "We allowed payment up to 115 percent of the government rate pay table, which is authorized by law for inpatient care in civilian hospitals when family members live outside the MTF area.

That was done to ensure access to care, particularly in areas where there are a limited number of providers. We didn't want providers to say, 'We're not going to take you as a patient because TRICARE doesn't pay enough.'"

"There's another very important aspect to their caring coverage when they're deactivated," Isaacson noted. "That's the Transitional Assistance Management Program and the Continued Health Care Benefit Program." Taking the podium to outline the two programs, Ann N. Fazzini first called reserve health care a misnomer as it relates to TRICARE. Fazzini, another health care program specialist from the TRICARE Management Activity in Aurora, emphasized that reservists are not entitled to TRICARE benefits unless they're on federal active duty status. Once they're activated, they're considered TRICARE Prime enrollees. The spouses and eligible children of those on orders for more than 30 days are eligible for TRICARE Extra and Standard coverage on the first day of their sponsor's orders, she said. Family members of reservists and guardsmen with orders for 179 days or more may enroll in TRICARE Prime, which charges no pharmacy co-payments at military hospitals or clinics, she added. Fazzini said the Transitional Assistance Management Program gives TRICARE benefits to certain eligible members separating from active duty and their families. All eligible members now receive 60 or 120 days of transitional care. Prior this recent change, members on active duty who were retained to support a contingency operation only received 30 days of transitional care.

In the past, transitional health care ended if the member was covered by other health insurance. The 2002 National Defense Authorization Act removed that provision and now, those covered by other insurance plans continue their transitional health care. However, the other insurance plan is the primary payer of benefits. She noted that the Transitional Assistance Management Program was slated to expire on Oct. 1, 2001, but is now a permanent benefit with an effective date of Dec. 28, 2002. "There are four categories of those eligible from TAMP including reserve component members who are called to active duty in support of a contingency operation," Fazzini noted. "They, and their families, receive health care under the TAMP program when they're released from active duty." She said the timeframes for transitional health care are 60 days for members separated with less than six years of total active federal military service and 120 days for those with six or more years of federal service. They receive the same TRICARE benefits they received while on active duty, she said. "There no fee and no premium associated with transitional care," she emphasized. "However, an extra step separating members must take to stay in TRICARE Prime: They must complete a Prime enrollment form upon separating from active duty. That's because their status is changing from active duty to separating, and the system deletes their Prime enrollment status. The TRICARE Standard and Extra are also available." Fazzini pointed out that TAMP covers pre-existing conditions. "So if the sponsor is leaving active duty and a family member has an illness, they continue with their health care," she added. However, she said, the services determine eligibility and provide data to DEERS, which TRICARE contractors check when processing claims. The second program, the Continued Health Care Benefit Program, kicks in after TAMP expires. CHCBP, created in 1994, covers separating active duty members and their families and also certain former spouses, emancipated children and wards of the court, according to Fazzini. "Reservists who have used their 60 or 120 days under TAMP can enroll in CHCBP," Fazzini noted. "Unlike TAMP, which doesn't require paying a premium, CHCBP is a premium-based program. The benefits are similar to TRICARE Standard and Extra, but Prime isn't an option. "Like TRICARE, it requires the use of certified providers, claims submissions and payments and the same reimbursement procedures used in TRICARE Standard," she said. "It's not an inexpensive program. The individual premium is \$933 per quarter. For a family, it's \$1,996 per quarter. Pre-existing conditions are covered." The coverage period is either for 18 or 36 months, she said. "You have 60 days from the time you lose your TAMP eligibility to enroll in CHCBP, and care is retroactive to the date TAMP ended." More TRICARE information [<http://www.tricare.osd.mil>] is available online at www.tricare.osd.mil, or call 1-888-DoD Care (1-888-363-2273). DMDC Support Office/DEERS information [<http://www.dmdc.osd.mil>] is at www.dmdc.osd.mil, or call, 1-800-538-9552. Continued Health Care Benefit Program [<http://www.humana-military.com>] questions can be directed to Humana Health Services at www.humana-military.com, or call 1-800-444-5445.

Excellent Military Parenting Website for Military Families

As indicated by Maj Rob Rottschäfer Behavioral Health Flight Commander below is a website that has been hailed by several Military Pediatric Mental Health Specialists as one of the best resources for dealing with parenting issues specific to the military. Among topics addressed are deployment, reloca-

tions, and hazardous jobs. Please take a look.

<http://mfrc.calib.com/healthyparenting>

Keep Your DEERS Information Current

It is important to update your Defense Enrollment Eligibility Reporting System (DEERS) record in order to advise the Guard of any changes. Changes that need to be reported are; addresses, family status such as marriage, divorce, birth or adoption, etc. (Remember: Each family member's eligibility is independent and must be updated regularly.) This becomes particularly important if you are mobilized or deployed. You can make changes through your military support office, the same office that assists you with your ID card.



Not Filing TAX RETURNS - NO OPTION

Mobilized Air Force reservists deploying overseas are not automatically excused from filing their federal income tax return, according to Air Force Reserve Command staff judge advocate officials. Deploying reservists have four filing options. They can file before they leave, authorize a spouse or trusted friend to sign and file for them, have a non-military or non-deploying spouse sign and file a joint tax return on their behalf, or use an extension if author-

ized. If a reservist wants someone else to sign and file his return, he must: be absent from the United States for at least 60 days before the due date for filing the return, or be unable to sign the return because of disease or injury, or get permission from the Internal Revenue Service office in the area to have another person file on his behalf.



**April 15th
Is
Coming
soon**

*NORTH CAROLINA AIR NATIONAL GUARD
TGIF NEWS
(THE GUARD IS FAMILY)*

Family Readiness Air Guard Expanded Executive Council

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Kathleen Flaherty

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Family Readiness office telephone number

- 1-800-354-6943 ext. 4949

Cell Phone: 980-721-4019

- The fastest way to get in touch with FR is now through the cell phone, someone will answer or get back in touch with you as quickly as possible.

Emergency contact calls:

- Pager: 1-800-250-4181

*Uniting Our Air Guard
One Family at a Time*



Family Readiness

5225 Morris Field Drive
Charlotte, NC 28208

Phone: 1-800-354-6943 Ext 4949
Cell Phone: 980.721.4019

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Family Readiness

Charter

Develop a program to provide information, on-going education, and assistance to families, members, and leadership aimed at preparing military members and their families for National Guard Military Life.

Mission

Educate, Support, Assist, Communicate, Collaborate, and Sustain.